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DR. BETHUNE ON THE DISEASE KNOWN AS MORBID SENSIBILITY
OF THE RETINA, ILLUSTRATED BY CASES.

[Communicated for the Boston Med. and Surg. Journal.—Continued from page 375.]

DISEASED lids may give rise to it, as *lippitudo*, *tinea*, *granulations*.

CASE XVIII.—*Lippitudo*, with *Morbid Sensibility of Retina*.—John C., 10. Dec. 2, 1843. Eyes well till one month ago. From that time they have been weak. Complains of pain through eyes on reading, with confusion of the letters. Also of adhesion of the lids when he wakes in the morning, and lachrymation.

CASE XIX.—*Morbid Sensibility of Retina*, with *Tinea*.—Elizabeth W., 22. July 18, 1845. General health good. Never had disease of eyes till six years ago, when they began to be weak, and have so continued, being better and worse from time to time. For the two years past they have been worse. She says that the eyes are occasionally red, and that she has pain through the orbits. On looking steadily at objects, they fade. Two years ago had an acute attack, for which had leeches, blisters, &c. Was most relieved by blistering. Says that warm applications are most agreeable to the eyes. Has frequently a feeling of weight in the lids. Is troubled by costiveness. Menstruation regular. To take an aperient and tonic pill 3 in die. Vesication behind ears; this to be kept open with savin cerate. To apply to the edges of the lids at bedtime a minute portion of the weak red precipitate ung. To bathe the eyes often with warm water, and to give them as much rest as possible.

21st.—Free purging from pill. Take it occasionally if the bowels are constipated. Lotio frigida.

26th.—Eyes somewhat improved. Continue ointment. Collyrium zinci sulph. gr. j. to ʒj. aq. distill.

29th.—Discharged at her request; doing well.

August 13th.—Eyes got much better, and so continued till five days ago, since when they have been worse, owing, as she thinks, to wearing green glasses. Omit glasses.

16th.—Not so well. Says that the cold water does not agree with her eyes. Omit it, and use cold milk and water. Resume collyrium.

CASE XX.—*Morbid Sensibility of the Retina*, with *Granular Lids*.

—John J., 26. Oct. 21, 1840. About two months since took cold and had "weak eyes," which have never been well since. On first looking at objects he sees clearly, but on further exertion they become confused. Now no visible injection of conjunctivæ of globes. Upper and lower lids slightly granular. C. C. ad $\frac{3}{8}$ viii. for back of neck (left).

23d.—Says that cupping was followed by decided improvement, especially of the left eye, which has continued since. Arg. nit. to granulations of upper lids. C. C. ad $\frac{3}{8}$ vij. from above right scapula.

26th.—Improved, especially right eye, which he now says is stronger than the other.

March 2d.—Sol. arg. nit. (saturated) to lids.

Jan. 4th, 1841.—Eyes continued well till a week ago, since when the dimness of vision has returned. Arg. nit. to granulations. Calomel three cochi and pills.

6th.—Left eye improved. Right eye not so well. Repeat nitrate.

8th.—Both eyes much improved. Continue the same application.

It is often complicated with derangement of other parts of the nervous system; thus I have frequently seen it in females with spinal irritation.

CASE XXI.—*Morbid Sensibility of Retina.*—Susan Perry, 28.

April 24, 1844. Not very strong, but no especial derangement of health except pain and weakness at lower spine. Came on fifteen months ago, without obvious cause. Aching through and over eyes after using them. Ung. veratriæ, gr. iij. to 3.

30th.—Eyes improved since ung. (Has used colly. of veratriæ gr. 1-4 to 3 j. aq. distill., 3 in die.) Eyes stronger on use. Continue same.

May 11th.—Much the same. Recommended cold affusion. Continue oliv. rem.

18th.—Not so well. Disagreeable sensation at stomach. More pain in eyes. Less effect from ung. and collyr. Omit ung., and use ointment of delphine gr. iij. to 3 j. of lard.

25th.—Improved till yesterday, when eyes became worse after fatigue in walking. Apply emplast. picis Burg. to lower spine. (No sensation from ung.) Continue ung. and use collyr. as before.

June 3d.—For some days past has omitted all applications. Take half a wine glass of cold camomile tea 3 in die. Use ung. delph. p. r. n.

11th.—Back and stomach better. Apply imp. Eyes less painful. Continue same.

Oct. 31st.—Much as before. Sol. veratriæ sat. to brows. R. Ferri sulph. gr. j. 3 in die. Lin. am. c. ol. terebinth. to spine.

Nov. 5th.—The same collyr. of Aconitine, gr. 1-16 to $\frac{3}{8}$ ss. aq. distill. Omit. applications of veratrine for the present. Is using sol. ferri citrat.

12th.—Worse after use of wash. Omit it. Resume verat. p. r. n.

In one case, at least, I have seen it alternate with *tic douloureux*, of the face.

It now and then seems to depend on *hereditary influence*, as in the following cases.

CASE XXII.—*Morbid Sensibility of the Retina.*—George K. D., 11. July 2, 1846. Is rather a delicate child, but his health is now pretty

good. Had formerly hooping cough, which lasted more than a year, and for five or six years his pulse intermitted from time to time, but is now regular. He first began to complain of his eyes one and a half years ago, with pain through the eyeballs, confusion of the letters in reading, muscæ volitantes, &c. He was directed not to use his eyes in reading, to apply to them frequently one part of brandy with four of water, and to run about freely in the open air.

Oct. 13th.—Has continued the application, &c., as directed. No pain in the eyes for more than two months, and he says that they feel stronger.

CASE XXIII.—*Morbid Sensibility of the Retina.*—Hannah A. D., 35, the mother of the above. Oct. 13, 1846. Applied to-day with the same disease. She says that her health is generally good, with the exception of prolapsus uteri. Ten years ago, after the birth of her second child, while lying on her back reading, sewing, &c., began to have pain through the eyeballs and back of the eyes, with an occasional "blur" before them. Lately the pain has been more in the back of the eyes, and the top of the head. She is obliged to look longer than formerly to see things, and this effort causes pain. The eyes are worse in the morning on first waking. She also has pain occasionally on moving the eyes.

On examination, nothing abnormal is seen, but on pressing the balls some deep-seated pain is felt. Cold applications are most grateful. Directed to rest the eyes, to darken her bed-room, to make frequent application of cloths wet in cold water to the eyes, and to apply to forehead the tr. aconiti if the eyes be painful.

Symptoms of Amblyopia.

There are several varieties of amaurotic affections, which for want of a better place, we are obliged to bring under the head of amblyopic weakness. They all differ from *pure* amaurosis, in the fact that the affection of the sight is not permanent but momentary; that is to say, that although for a time the sight appears partially lost, it will again return and again disappear. The most common complaint of patients who apply for advice, is either of pain through the eyeball or around the orbit on using the eyes, or a confused vision after a short use of them. They speak of the letters of the book as running together, of losing their stitches in sewing, of a cloud or mist before the eyes, &c. They say that for the first instant objects appear clear, but soon fade. Pain may be absent in some cases, and in others the affection of the sight, but *generally* both are present, though one usually predominates. To produce these symptoms the retina evidently contributes, but the seat of pain is as evidently in the nerves distributed to the surface of the eye, the conjunctiva and the orbit, probably mainly the branches of the fifth pair. In some cases, indeed, the retina seems hardly involved, for the pain sometimes comes on independently of all employment of the eye as an organ of vision. We sometimes find, it is true, the greatest sensibility on the part of the retina to the impression of light, combined with the

sympathetic affection of the other nerves. Thus I have seen cases in which the entrance of the least ray of light caused the greatest agony.

As in pure amaurosis, so in this disease also, the lids are frequently involved, but in a different manner. In amaurosis there is, as above observed, a *sluggishness* of movement of the lids in many cases, forming frequently a partial ptosis, which the surgeon may remark on the first entrance of the patient. In this disease, on the contrary, in one of its varieties, the patient will tell you that at times, especially towards night, on attempting to look at objects, the lids close over the eye, and in vain he attempts to raise them. He is sensible of a loss of power, though you may see on examination no outward sign.

CASE XXIV.—*Morbid Sensibility of the Retina, with Nervous Affection of the Lids.*—Artemas W., 20, farmer. June 26, 1845. Says that his health is generally good. Present disease is of two or three years' standing. At the time of his attack was a student. Has occasional pain through the eyes. Complains also of weakness of sight, and heaviness of the lids, as if he had no power to raise them. Was directed to bathe the eyes freely with brandy and water, and to apply to the closed lids a mixture of one part of oil of rosemary to three of alcohol once a-day.

Another symptom with which this is occasionally combined, is twitching of the lids, sometimes very troublesome.

The pain in some cases extends from the eye and its neighborhood, to other parts of the head, occasionally to the back of the neck, and I have even known it descend through the arms and legs. In all these cases the nervous system generally was in an irritable state, and the eyes could only be considered as a point of departure.

It sometimes comes on like the ophthalmia, with a sensation as if something were lodged under the lids, and this in some cases where you will find no undue injection of either lid or globe. In such cases it evidently depends on over-sensibility of the nerves distributed over the surface of the eye, which gives rise to this illusive sensation.

[To be continued.]

"GREEN ON BRONCHITIS, &c."*

[Communicated for the Boston Medical and Surgical Journal.]

THIS huge octavo, is lettered on the back, in formidable gold letters, "Green on *Bronchitis, &c.*;" but the purchaser of the volume will find himself imposed upon by a misnomer, for nothing whatever either novel, important, or useful, is even suggested in relation to "*Bronchitis.*" The whole ten chapters are made up of a dissertation upon *follicular* disease, or that chronic form of inflammation in the mucous follicles, so frequently

* A Treatise on Diseases of the Air-passages, comprising an inquiry into the History, Pathology Causes and Treatment of those Affections of the Throat called Bronchitis, Chronic Laryngitis, Clergyman's Sore Throat, &c. By Horace Green, A.M., M.D., &c. 8vo., 272 pp. Embellished with colored plates. New York and London, 1846. Wiley & Putnam.

occurring upon the lining membrane of the *pharyngeal* cavity, and by continuity of tissue as well as continuity of sympathy extending to the larynx. And accordingly the highly colored plates, which are given to illustrate the text, will be found only to exhibit the various stages of these forms of *sore throat*, including inflammations of the palatum, velum palati, posterior pharynx, tonsils, &c., but nothing is here shown of laryngitis, much less "bronchitis," although this is the style and title of the work. The last plate, it is true, represents ulceration of the *œsophagus*, trachea, and the cartilages, &c. of the larynx, as shown by dissection in a fatal case. But the object of narrating this case or appending this plate does not appear, as it does not serve the purposes of the book.

But the reader who has ever heard any thing of the author, and his early pretensions to originality of practice in this speciality, is destined to a sad disappointment. He will expect to find the proofs that the novel feat of passing an armed probang, *through the larynx*, into the *trachea* down to the *bifurcation*, has been performed, thus curing *bronchitis* by topical applications of his curative means to the inflamed membrane. It was this monstrous assumption which was scouted by the profession, as "ludicrously absurd, and physically impossible." Such professions notoriously made to inquiring invalids, and vaunted as having actually been done upon their own persons, by patients who had been "*educated*" to believe it, when the sponge had been merely thrust for a moment behind the epiglottis; were deemed by anatomists as impugning the professional honor of their author, and all such united in reprobating the whole fiction as worthy only of contempt.

But what will be the surprise of the reader of this work to discover that the author does not even intimate that he has ever done more with his probang and sponge, than has been done a thousand times before, by physicians and surgeons who never dreamed of having performed any marvellous feat, or that they had earned any laurels in the profession. Indeed every man who ever applied topical medication to the posterior pharynx by a probang and sponge, in the treatment of follicular disease of that tissue, has touched the posterior surface of the epiglottis in withdrawing the sponge, and unless very careful indeed, a portion of the contents of the sponge has descended into the laryngeal cavity!

Still further, the passage of an instrument into the larynx, down to the rima glottidis, and chordæ vocales, the author cites the authorities to prove, is not merely possible, but that it has frequently been done, sometimes by design and oftener by accident. And yet he has here ingeniously sought to make the impression that to pass an instrument beyond the epiglottis was regarded by the dignitaries of the profession as utterly impossible, until he, Dr. Green, was "successful in entering the larynx!" And yet, after all that he here describes or even professes to have accomplished in entering the larynx, there is not a syllable of his original pretension of passing through the larynx and trachea down to the bronchial bifurcation. This was what the whole profession pronounced "*altogether impossible*," as Dr. Green ought to know. Nor would any man in his senses, though but a tyro in anatomy, regard as "*impossible*," any thing which this book

professes in the way of momentarily entering the larynx. But the author has vastly lowered his pretensions in describing this feat, abandoning the claim, which, though it may have served his purpose *ad captandum vulgus*, when he first mounted this hobby, his discretion has admonished him would not bear repetition in a tangible form, now that he has written a book. The notoriety acquired by the original device with the popular masses, will not be sacrificed by the tacit concessions of its being untenable found in his book, for he has the name of having accomplished what the profession declared to be impossible, by swabbing out the larynx, trachea and bronchia themselves, and many of his patients would doubtless ignorantly prove all this by affidavits. The ingenuity with which, while avoiding any profession of these marvels here, he contrives to make good his claims to have disappointed the profession nevertheless, and constrained them to change their views, by having merely "*entered the larynx*," is no mean evidence of his skill. He thus makes a merit of a necessity, and retracts, with a good grace, all the pretensions which gave him notoriety at first, and which may possibly mend his fortunes before the public mind can be disabused. Be it so, for verily he has his reward.

But it is our unwelcome duty to prefer against the author of this work a much heavier charge, which by the proofs cited will be found to lie against him and his book, the latter furnishing the evidence on every page by which he is self convicted. It is a humiliating task at any time to expose plagiarism, however flagrant, and in ordinary cases we systematically refrain. But when, as in this case, an attempt is made to claim the merit of a new discovery; and especially with such a flourish of trumpets as that which preceded and accompanied the announcement of "*Green on Bronchitis*," we owe it to our outraged profession, and pre-eminently to the cause of truth and justice, to spread before the public the facts of the case, that such literary and professional violations of *meum et tuum* may be held up as a beacon to deter others from hazarding such experiments on public forbearance. We direct attention specifically to the facts and *dates* which follow.

The Royal Academy of Paris, about twelve years ago, proposed their prize for the year 1835, which was awarded in 1836 to M. A. Trousseau and H. Belloc, M. D., for "*A Practical Treatise on Laryngeal Phthisis, Chronic Laryngitis, and Diseases of the Voice*," which was published in Paris during May 1837, translated in 1839, by Dr. Warder, of Cincinnati, and issued at Philadelphia, from the press of A. Waldie, in the latter year, and bears the date of September 2nd, 1839. (See Dunglison's Medical Library.)

In the face of this latter fact, the proof of which lies on our table, in the shape of the volume itself, Dr. Green says, in his introduction, that "*the work of Trousseau and Belloc was translated and published in this country in 1841!*" See page xi., where he also says, "*I had been in the practice of cauterizing the larynx, nearly two years before I had even heard of Trousseau and Belloc!*"

So, then, Dr. Green had never even heard of these gentlemen, or their method of practice, although he was in London in 1838! as he tells us,

and held a conversation with Dr. Johnson on the subject of *the treatment of chronic laryngeal disease*, and that at that time the *suggestion* was made by the latter gentleman, that "if proper applications could be applied below the epiglottis, no difficulty would occur in treating, successfully, the disease." And he adds, "Acting upon this suggestion, after my return home I made the attempt, and was successful in entering the larynx." "The appearance of the work of Trousseau and Belloc *soon after* confirmed my confidence," &c.

The reader cannot fail to observe that the date of this "suggestion" of Dr. Johnson, was 1838, one year after this prize essay of the Royal Academy of Paris had been published, only across the channel; and yet Dr. G. had not then heard of the work, nor of its authors, though he was on a professional tour in London; and he would have us to suppose that Dr. Johnson was equally uninformed, so that he "suggested" the desirableness of the identical practice which had been thus distinguished by the French Academy; and this suggestion being "acted upon," resulted in the discovery by Dr. Green in New York, in 1839! of the precise theory and practice taught in the French edition of the work published two years before, viz. in 1837; reprinted at Philadelphia in the English language, as we have seen, in 1839; so that Dr. Green might have read it all in his mother tongue at New York, before he made the discovery! since the book was on sale in that city on his return from London; even supposing that it might have been inconvenient for him to read it in the original French. It seems, however, that he was in happy ignorance of the existence of Trousseau and Belloc, for he had never heard of them until 1841!—two years after he had been successful in cauterizing the larynx! Nor had he ever heard that the Royal Academy of Paris had awarded their prize to these gentlemen for the identical practice which is recommended in his book! The coincidence is *striking! extraordinary!*

The following extracts from the preface to the work of T. and B. bear the date of Paris, May 15th, 1837.

"In the absence of other claims upon the notice of practitioners, we have, at least, that of being *the first* to prescribe and employ *topical medications in chronic diseases of the larynx*. This we believe to be an important step gained in the therapeutics of laryngeal phthisis, chronic laryngitis, and diseases of the voice." "We have ascertained that the mucous membrane of the larynx is accessible to topical applications, and should be treated like conjunctivitis, *diseases of the pharynx*, or of the skin itself."

Our limits preclude anything like extended citations, else we might place, in parallel columns, whole pages of the most astonishing *coincidences*; especially when it is remembered that they are written by gentlemen who "*never heard*" of each other, Messrs. T. and B. having published theirs in French, in 1837, and Dr. Green having issued his in 1846, seven years after the former work had been translated and published in America. But the following extract from p. 125 of the Philadelphia edition of 1839, will suffice of itself to show that Dr. Green and his book have been written in vain. Messrs. Trousseau and Belloc say:

"When we wish to cauterize the pharynx, the base of the tongue, and the top of the larynx at the same time, we take a whalebone at least a line and a half thick, that it may not bend readily;—this is heated an inch or more from one end, and when sufficiently softened, we curve it at an angle of 45 degrees. To this end we fasten a spherical piece of sponge, 6 lines in diameter; the sponge is to be moistened with a solution of nitrate of silver, the mouth opened, and the tongue depressed as before. When the isthmus of the gullet is passed, there occurs an effort of deglutition which elevates the larynx, and we seize this opportunity to draw forward the sponge, which had been at the entrance of the œsophagus. By this manœuvre we get at the glottis, and then it is easy to express the solution into the larynx; the cough which now occurs favors the introduction of the caustic. The operation often excites vomiting." "We use the solution of nitrate of silver of various strengths; sometimes we put a drachm of the salt to two drachms of water, and sometimes only half this strength."

Here every reader of Dr. Green's book will perceive how completely he was anticipated *nine years ago*; and had he contented himself with giving the profession a new American edition of this prize essay, awarding due credit to its authors, and adding the records of his experience in his "*constant and constantly accumulating*" practice; he might have spared his reputation, and continued to "enter the larynx every day," as he tells us he "has done for years!" without inflicting upon the profession the humiliation of this exposure.

After this exhibition of facts, a still more painful duty devolves upon the reviewer, which he would fain perform with becoming forbearance to the parties concerned, for all of whom he entertains due respect. But as they have indiscreetly allowed themselves to appear in the "Appendix" of "*Green on Bronchitis, &c.*," to "substantiate by their testimony what he *claims to have accomplished*," as the author expressly states in introducing their letters, we are obliged, though very reluctantly, to allude briefly to their evidence.

Dr. Lee confesses that he "did not believe it possible to introduce a foreign body below the epiglottis" until he saw it done by Dr. Green, who he says first introduced this practice into this city in 1839.

Dr. Post only states that he had "strong doubts of the practicability" of this operation, until he saw the practice of Dr. Green, and has since used it successfully.

Dr. Bryan certifies to his having learned this plan of treatment from Dr. Green, and since adopted it.

Dr. Foster states that he has experienced in his own person the benefits of this plan of treatment, at the hands of Dr. Green, &c.

Dr. A. L. Cox certifies to the important fact that when Dr. Green "first mentioned this practice" to him, *he*, Dr. Green, drew his attention to the work of *Trousseau and Belloc*, but the date of this transaction does not appear; and yet it must have been since 1841, for until then, Dr. Green declares that he had never heard of these French writers. And hence it is clear, that until then, neither Drs. Lee, Post, Bryan, Foster,

or Cox, had known that this identical plan of treatment by topical applications for cauterizing the mucous membrane of the larynx, had been in use in the Parisian Hospitals ever since 1830! or that a memoir from these gentlemen, recording cases of its success in their hands, had been rewarded by the prize of the French Academy in 1836, published in Paris in 1837, and translated at Cincinnati in 1838 by Dr. Warder, who himself testifies to his own experience in its employment in the Philadelphia edition of 1839; and yet, strange to say, neither of these gentlemen seem to have heard any thing on the subject, until Dr. Green enlightened them, after his return from Europe in the very year that the American edition of the work of Trousseau and Belloc appeared in Philadelphia, and in the case of Dr. Cox not until two years afterwards! That all these gentlemen have been misled, therefore, in awarding to Dr. Green what he "claims to have accomplished in these pages," &c., while it exonerates them, should be useful to us all in teaching the salutary lesson, that what appears to be new to us, may not be so to others, and that before we commit ourselves by documentary testimony, we should scrutinize the claims of the man whose pretensions to originality we are called upon to sustain.

The letter of Dr. Cox is especially calculated to enforce this admonition, and can only be ascribed to haste and inadvertence. In addressing Dr. Green he employs the following terms of fulsome adulation, which, as we have seen, are altogether misplaced.

"I have only to express my entire confidence in the general principles of *your* pathology and therapeutics, and am happy to know that *your* exertions in the practice of the noblest of the professions, *is* (?) not unappreciated, either by the patients who employ you, or by that class of the profession who have been sufficiently favored by nature and education, to *transact* (?) for themselves *their own thinking*."

The Doctor may possibly feel the importance of uniting himself to "that class" who are sufficiently favored to do *their own reading*! and thus escape the "bad eminence" of endorsing plagiarism like that in company with which he will now go down to posterity.

Enough has now been said, else it might be worth while to show up the consummate folly of some of the newspapers of New York, which have admitted notices of the author of this book, comparing his "*discovery*" to that of the illustrious Jenner," and claiming it as "contributing to the honor of his country," when, if discovery it is, it belongs to France. But we forbear, since more space has already been occupied with the publication, than is due to its merits.

MEDICUS.

THE DISCOVERER OF THE EFFECTS OF SULPHURIC ETHER.

[Communicated for the Boston Medical and Surgical Journal.]

WE find, by an advertisement in one of the papers, that Drs. C. T. Jackson and W. T. G. Morton have made an important invention which has been patented. In justice to a fellow townsman, I will give its true history. The first announcement publicly made was by myself, more than

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Mells

a year since, in an article written for the purpose of establishing the doctrine that in disease the vital power is diminished, and suggested that in all probability pain was but a peculiar depressed state of the sensor nerves, and in proof stated that stimulants acting upon this system, and having a certain relation to it, would relieve or prevent suffering; and that the dentists of Hartford were in the habit of administering nitrous oxide gas, which enabled them to extract teeth without the consciousness of the patient. The original discoverer of this was Horace Wells, dentist in this city, and he tried the first experiment upon himself. After the idea suggested itself to him, he debated for some time which to use, the gas or ether, but preferred the former as he thought it less liable to injure the system. Being now satisfied of its powers, he went to Boston for the sole purpose of introducing it to the faculty. He presented it to Dr. Warren, who laid it before his class, but the experiment first attempted partially failing, and no one seeming willing to lend him an helping hand, he ceased making any further personal efforts. He especially made known his discovery to Drs. Jackson and Morton, neither of whom had any idea of it until this moment, and must allow Dr. Wells the whole merit of the thing up to this point. We see by the Journal that Drs. J. and M. call their invention a peculiar compound. I was fully satisfied that sulphuric ether was *the* article, as it was known to be among the ingredients, and being there, nothing else was wanting to produce the desired effect. The claim, as published, sets the matter at rest; ether, and ether alone, is used, and the world will easily judge how much right Drs. Jackson and Morton have to patent it. Had they been the first to discover the fact that any gas would produce exemption from pain, and had made it known, they would have deserved commendation. They have not done this, nor justice to the true discoverer. Is there any merit in using ether in place of nitrous oxide gas? Certainly not, for the properties of the two things are so alike in this respect, that one is constantly used for the other, and for months I supposed our dentists were using both; and the idea of allowing any man a patent for the use of the one after the effects of the other were known, is preposterous. Dr. Wells's experiments were numerous and satisfactory. One fact discovered, is extremely interesting. It is that however wild and ungovernable a person may be when taking the gas, simply for experiment, he becomes perfectly tranquil when it is inhaled before an operation: that the mind being prepared, seems to keep control over the body, indisposing to any effort.

Unfortunately it is too true, that mystery, as of a nostrum, is frequently required to induce people, and sometimes the profession, to notice an improvement, and thus far perhaps thanks are due Dr. Morton for compelling attention; yet we must give Dr. Wells the credit he justly deserves of making the discovery, spending time and money in its investigation, and then in nobly presenting it to the world. It is to be hoped every other gas and substance capable of exciting the nervous system may be experimented upon, but we hope no one will think of patenting any if discovered to be similar in its operation.

P. W. ELLSWORTH.

Hartford, Dec. 9, 1846.

ARTIFICIAL PUPIL.

[Communicated for the Boston Medical and Surgical Journal.]

WITHOUT going into the history of this important operation, or signaling the various modifications it has undergone since the days of Cheselden, its great originator, we merely propose to state the precise position it now holds in modern surgery, and those rules, both in regard to diagnosis and practice, which lead to the most favorable results. We are led to this, from the fact, that in the opinion of too many physicians, the eye is considered a most delicate organ, and operations are frequently neglected in America, because the most cautious manipulation is supposed to be requisite for anything like success. But undoubtedly the greatest difficulty lies in the diagnosis, and when the surgeon is confident in this most important essential, a few hours' practice upon the phantoscope will eliminate every source of failure. Indeed, were many of our rising surgeons more accustomed to this mode of practice upon the dead eye, the number of apparently hopeless cases of coccity which are now seen in the streets and almshouses of all our large cities, would be greatly diminished, and the quick observation of Americans could add vastly to the statistics of an highly cultivated art. Let us then glance at the most important of those conditions which lead to the employment of this process.

The first indication for the formation of artificial pupil, may be sought in an impaired condition of the cornea, such as central ephelion or albugo, from ordinary superficial ulceration ; but the process of cicatrization may be so much assisted by appropriate treatment, that the operation can often be dispensed with ; thus, in cases of subacute superficial ulceration, the ung. precip. rubr. hydrarg., mentioned in a former paper (Vol. XXXIV., page 293), may be used with the greatest success, although the whole surface of the cornea seems opaque. Strabismus usually arises from this central affection of the cornea, and unless the cicatrix can be diminished by appropriate means, the divergence of the globe is only remediable by a displacement of the pupil. And again, in cases of superficial vascular keratitis, dependent upon chronic granulations of the eyelid, the sulph. cupri may be applied to the irritating cause, whilst sections of the enlarged vessels at the junction of cornea and sclerotica, persevered in for a few weeks, will give so much translucency to some portion of the cornea, that the operation may be resorted to, with every prospect of success. To illustrate the success which may attend a careful treatment of this kind, I will mention an amusing incident witnessed at the clinique of Prof. Desmarres, of Paris, in the spring of 1845. A stout laborer presented himself to demand a certificate of hopeless blindness ; he had been engaged in the Royal mines of Normandy, and, by a sudden explosion, received several contused wounds of the corneæ and the annexes of the eyes. The organs seemed hopelessly opaque, and presented, in parts, the appearance of indolent ulceration, with vascular keratitis. He had seen the most distinguished surgeons of Paris, and presented a certificate bearing their signatures, which would entitle him

to a pension from Government. The signature of M. Desmarres was refused, because he still saw hope of an ultimate operation; he therefore prescribed his usual treatment, and, after the expiration of two or three weeks, the cornea of one eye was sufficiently clear to admit of operation. An artificial pupil of perfect form was therefore made, inferiorly and towards the temporal edge of the iris. The operation was crowned with the most perfect success. The man unfortunately lost his certificate, but still retaining his Norman acuteness, he had the audacity to present himself, with regained vision, to the very same surgeons who had before signed his papers. As he took pains to conceal his new pupil beneath the lower palpebrum, it actually escaped the attention of the observer, and the consequence was, the renewal of his papers. Bearing these in his hand, he came, in the highest glee, to the clinique, and submitted to another operation, which formed a new pupil in the opposite eye and towards the inner canthus. The man was discharged with his cleverly-obtained certificate, but without diplopia, and vision in every respect as good as after the most favorable operations.

A second indication is an affection of the iris alone, when either from excessive inflammation, or a treatment which has not foreseen the possible unfortunate results, we notice the effusion of large quantities of plastic lymph within the pupillar orifice, causing perfect atresia. After the subsidence of the acute inflammation, this organized product may have obliterated the field of vision without causing much deviation from the vertical position of the iris, and perfect blindness may result, unless absorption is so far favorable as to produce a small lacuna through which light may reach the retina; but it is exceedingly rare that nature can in any degree overcome the effects of the disease. On such occasions, a nice differential diagnosis must be resorted to, or else the condylomata of syphilitic iritis, which are generally to be influenced by the protiodidi hydrarg., may be mistaken for a more serious affair, and the knife unnecessarily be used.

The third indication is when there is a complicated affection of both cornea and iris; thus when perforation has taken place, and the two adhere, as in leucoma with anterior synechia, in posterior synechia with the effusion of lymph upon the capsule, and in all the traumatic proclitæ.

In these conditions, the surgeon should not neglect the preparations of belladonna, if the adhesions are not too firm; and even if they are of old standing, in many cases a small lacuna may be formed, the importance of which will be noted in a subsequent paragraph. The most efficacious formula is that of Prof. Desmarres, which he uses in all acute perforations of the cornea with proclitæ, as well as when there is imminent danger of perforation. *R. Fol. belladonnæ, fol. hyoscyami, aa ʒ jss.; aq. fontan., Oj.; cui adde ext. belladon. recen., ʒ v. M.* Filter and surround with ice. Apply a compress steeped in this liquid to the orbit every five minutes, and at each removal instil one drop with the lids. The patient, of course, should carefully keep the recumbent posture.

The false cataracts should also be noticed, particularly that produced by perforation and posterior synechia; in some cases the adhesions which

bound cornea, iris and capsule together, gradually yield, or are absorbed, and a small tubercle of lymph is left upon the centre of the capsule, effectually blocking up the usual centre, but leaving the iris free. It is true, however, that *vegetant* cataract is gradually diminished; yet the field of the pupil is too much impaired for vision, although the circumference of the lens is left so transparent, as is proved by dilating the pupil, that it is only requisite to displace a portion of the iris, that the rays of light may reach the retina through a still efficient medium.

Congenital atresia also furnishes a rare indication, when the pupillar membrane remains after birth and a proper aperture is not established; and rarer still, the cataracta pigmentosa may demand the interference of the surgeon.

Essential Conditions of the Eye for Operating.—In all cases, there must be a prospect, if it does not already actually exist, that a sufficient portion of the cornea will be transparent, in order to have a relation with the proposed pupil; and the rule should be established, that if the keratitis is overcome, and however small the portion which has been left intact by the inflammation, the knife must be used. As a matter of course, transparency of the lens is an essential, yet the surgeon may believe the whole to be opaque, when a dilatation with belladonna will prove that a greater portion still permits the passage of light. We here refer to vegetant cataract, and cases in which there is partial adhesion of the iris to the capsule, when the dilatation proves that the part of the capsule implicated in the adhesion is the only portion affected. And even if there should be perfect opacity of the lens with partial adhesion, the surgeon may still displace his pupil, and if the cataract is sufficiently soft, he can open the capsule and cause its absorption in the manner of Desmarres, which I described and illustrated last May, in the Boston Medical and Surgical Journal. In such cases, however, the surgeon should first open the capsule *in situ*; and, in all probability, so large a lacuna will be formed as to render further assistance unnecessary.

Should there be granulations on the lids, let them be perfectly removed before attempting an operation, or else the adhesion of the corneal flap will be seriously retarded by suppuration.

Another most important condition is the sensibility of the retina; and if a physical diagnosis is impossible, still there are many rational signs which may lead to a correct judgment. As a general rule, however, whenever the eye, being turned towards a strong light, can distinguish the passage of opaque bodies, we should operate, unless there is complete amaurosis in the opposite eye; for it is well known, that from its imprisonment the retina loses its susceptibility to light, and only requires careful exercise to re-assume its functions. Should there be external inflammation of any kind, let it be carefully removed, or else the opposite eye may suffer after the operation; and if the affection be chronic internal, the paracentesis of Desmarres may be resorted to, with every prospect of an aborting effect. If atrophy of the eye exists, or is threatened, the operation must be firmly rejected.

Many surgeons are opposed to the operation in young children; but

having seen many operated on at the earliest age, I cannot see the force of their objections. Violent purulent ophthalmia of new-born children, in Paris, produces conditions which indicate this operation, and of the many cases in my experience there, I do not remember a single failure, but am inclined to attribute the alleged bad results to improper selection, bad position in operating, and, most of all, a neglect to overcome every vestige of the preceding inflammation.

Before speaking of the modes of operating, it would be well to notice the proper position of a proposed artificial pupil, as some surgeons state that the operation will succeed better, if performed towards the inner canthus than the outer, and vice versa; but in all cases, however, of the single operation, it should be understood, that the nearer it is placed to the original aperture, the more perfect will be its success. Many are averse to an operation, when vision is perfect in the opposite eye, from an idea that the retina is only properly sensible in a space near the visual centre, and that diplopia will result from surgical interference, even if the operated eye is at all subservient to vision. But to disprove this statement, it is only necessary to refer to those cases in which vision is lost by apoplectic causes; and when these are removed, the field is so much changed as to require certain unnatural positions of the organ or object, before a just appreciation; thus if moveable, it must be placed far above or below the axis of the pupil, or to its right or left; and again, when there are several adventitious openings in the iris from a condition hereafter to be mentioned, so many objects are represented on the retina as to cause total confusion.

According to the best physiologists, the condition of single vision is supposed to be thus: two images of the object presented should be formed in parts of the retina, which are accustomed to act in concert, and habit is the chief means by which this conformity is produced. This is proved by the case of several perforations in the iris just mentioned, and a still stronger may be sought in convergent strabismus from a deviation of the muscle, for example: at first, there must be undoubted diplopia, because the usual mode of connection is disturbed, and the impression is conveyed by a new channel; yet a little time and exercise only are requisite to render it perfect.

In a pair of healthy eyes, the relation of the axes of the pupils or the angle of incidence formed by lines proceeding to the retina from the object, are *fixed*, and if an artificial pupil is to be formed, it must preserve this relation to the existing pupil, or the operation will be a failure. Thus in a case presenting one healthy organ, the interference of the images may be prevented by forming the new aperture in the inferior and external portion of the opposite iris, which will preserve almost exactly the same angle and such natural convergence of rays as is necessary for perfect vision. When vision is lost in both eyes and the operation is not contra-indicated by any of the conditions before mentioned, it may be restored in both by an attention to this rule. Taking the case of blindness dependent upon an impaired condition of both corneæ from gonorrhœal or purulent ophthalmia, the surgeon should most particularly ap-

ply his remedies to the nasal portion of one and the temporal part of the other, then after having restored transparency to each, let the pupils be formed in these positions, and it will be found that the angular relations necessary for vision are almost perfectly preserved. As a matter of course, single vision cannot be expected for the first few days, because new portions of the retina have been interested, and if only one pupil has been formed, the sound organ must be closed, and the operated one cautiously exercised on surrounding objects until the habit is formed.

If in forming two pupils, the angle of convergence is not preserved by any accident which may occur, thus making both pupils towards the inner canthi, there is but one known remedy for the consequent diplopia; the capsule of the lens in the most imperfect eye must be irritated, and a traumatic cataract be formed by the introduction of the ordinary couching needle, in an appropriate manner.

The last rule is always to place the pupil as low as possible, in order to prevent its being obscured by the upper palpebrum.

The operations for artificial pupil may at the present day be reduced to those of *excision* and *decollement*, or *separation*; the first, by entering the anterior chamber through an aperture made near the circumference of the cornea and the excision of a portion of the iris; the second, in puncturing the cornea in some portion of its surface, and the introduction of a fine hook, by means of which the iris is to be separated from its ciliary adhesions, and brought through the wound, there to be retained by the adhesive process, as in the case of traumatic proci-dentia. In nineteen out of twenty cases, the former operation is to be preferred, from the fact that the opening, which in the case of *decollement* is in the centre of the cornea, is now made in the corneal and sclerotic junction, and there is consequently less danger of a disorganizing inflammation, that the forceps can command any portion of the iris, and in eyes having an amaurotic tendency, the aperture can always be made to have a relation to the diminished sensibility of the retina.

Let us, therefore, state a general and *most important* rule: whenever a portion of the iris is free, or a lacuna, however small, exists, so that it is sufficient for the use of the delicate forceps, resort to the operation by excision.

Still, when there is opacity and anterior synechia, or perfect atresia, we are compelled to resort to *decollement*, and in some cases of proci-dentia the vertical fibres of the iris are rendered tense and more evident on inspection, than they should be, whilst the action of the concentric layers produces a number of minute openings in the iridian septum and renders excision impossible. In this case, even the operation of *decollement* must be modified, although the rule for making the puncture of the cornea parallel to the base of the proposed pupil holds good; but if the crochet is applied in the usual way, it will tear its way through these minute apertures, without separating the ciliary attachments, and a fissure, rather than a pupil, will be the result; it is, therefore, to be applied obliquely to the plane of the longitudinal fibres, and withdrawn in the usual manner.

Position of the Patient during the Operation of Excision.—For the extraction or depression of cataract, it is usual, now, to place the patient in a low chair, without a back ; but in artificial pupil, the surgeon would succeed better by employing a narrow bed of sufficient height to allow himself and his assistant freely to manipulate. The great object is to command the forceps within the wound, in such a manner that no more or less of the iris shall be abstracted than is absolutely necessary ; and moreover, when the bed is used, there is less danger of the knife slipping from a sudden motion of the patient, thus making so large an opening in the cornea as to permit a prolapsus of the iris, such as would destroy all symmetry of pupil. The restlessness of children may also be prevented by bandaging securely upon a suitable board, and placing them on the bed.

Operation of Excision.—The first important step is the separation of the eyelids ; and at the present day, the Parisian surgeon rejects elevators of every shape, as the finger of the assistant is less embarrassing, and being a sensitive organ, can be instantaneously adapted to circumstances.

For an operation on the right eye, the assistant makes use of the indicator and middle fingers of his left hand, which are previously rubbed with chalk ; the pulp of the indicator is placed so that its extremity may approach the free edge of the upper lid ; then by pressing and elevating at the same moment, the palpebrum is slightly raised and retained in this position until the middle finger advances to perform a similar manoeuvre. This is continued until the pulps of both fingers command the tarsal edge of the lid, and it is now only necessary to fix it by pressing firmly against the superciliary ridge ; the command of the lower lid is then to be left to the left hand of the operator himself. Before even this preliminary step, the extract of belladonna should have been applied freely to the orbit, in order to dilate the small lacuna which induced the operation, and at the same time to facilitate the use of the forceps.

The instruments required are, a pair of delicate straight or curved forceps for the iris ; the straight double-edged knife for entering the anterior chamber, when the pupil is to be towards the temple, or if towards the inner canthus, a modification of the same may be used, the blade of which, forming an obtuse angle with its handle, enables the operator to overcome the saliency of the nasal bones ; a small probe-pointed bistoury for enlarging, in case that the first incision is not sufficient, and a pair of fine scissors for excising the iris when it is brought through the wound.

The first step in the operation is to fix the globe of the eye in order to prevent all possibility of a sudden procidence of the iris, in consequence of an abrupt movement before the incision is perfectly completed and the knife withdrawn. A pair of fine Assalini's forceps should be placed vertically upon the globe of the eye, and opposite to that side of the iris upon which we propose to operate, and then pressed firmly against the conjunctiva, before its teeth are allowed to engage. If this simple manoeuvre is not performed with sufficient firmness, considerable inconvenience will result at the second stage of the operation, as was my own ill fortune on more than one occasion, whilst assisting Prof. Desmarres. If the steadying forceps are not pressed firmly against the

globe, the conjunctiva alone is interested, and the shock of entering the cornea causing the patient suddenly to change the position of his eye, a large strip of this slightly adherent membrane will be torn up, and the hæmorrhage arising from this source may seriously impede the operation, by causing an ephæma, or effusion of blood in the anterior chamber. Let the assistant, then, press firmly, so as to embrace some of the sclerotic fibres, and however violent may be the agitation of the organ, its motions can readily be controlled. Besides the effect of steadying the organ, these forceps, in the hands of an intelligent assistant, may be of the greatest service to the operator, whilst actually engaged in the second time of the operation. The eye having been thus secured, the surgeon places the point of his double-edged knife at a small distance behind the fusion of cornea and sclerotica, so that its blade may be in front of, and parallel to, the plane of the iris. This locality for the operation was first chosen by Desmarres, from the fact, that the vascularity of the sclerotica was such as to render it less subject to re-action, and thus the chances of traumatic keratitis and severe inflammation might be greatly diminished.

Whilst the surgeon is thus entering the anterior chamber, the assistant with his steadying forceps should gently direct the globe of the eye towards the operator, in order to afford some resistance to the knife; and when its point is seen at the pupillar margin, the motion must be reversed in order to give support, whilst the aperture is enlarged at its inferior edge, by the cautious withdrawal of the instrument. The second time is completed by withdrawing the knife so gently as to prevent the sudden escape of the fluid in the anterior chamber and consequent procidentia, and at the same time, ephæma from the divided vessels, or bubbles of air by incautiously elevating the corneal flap. The production of ephæma and bubbles of air may, however, generally be remedied by elevating the flap and pressing upon the cornea, but procidentia iridis must be most strictly guarded against, or an ill-placed pupil, or one much larger than fitted to the condition of the retina, may be the consequence—accidents entirely beyond all remedy.

For the third and most important time, we make use of the delicate straight or curved forceps, which are placed within the lips of the wound and passed slowly onwards on the plane of the iris, until their closed extremities reach the pupillar margin, or the small lacuna which indicated the operation. The forceps are then made to seize the margin of the iris, at the desired point, and then must be withdrawn, bringing with them a portion of the iris, which, if not completely lacerated by their means, may be separated by the fine scissors when brought through the lips of the incision. During the third time, the greatest care should be exercised in the introduction of the forceps, that their extremities are not depressed, or when the teeth are brought in contact, a portion of the capsule of the lens may be seized with the iris, and the most perfect artificial pupil be rendered useless by the production of a capsular cataract. In the case of a very unruly child, I remember to have seen the capsule pinched with the iris, and its ensuing opacity created great doubts as to

the favorable result ; but fortunately a few days sufficed to restore its transparency.

If the first introduction of the forceps has not withdrawn a sufficient portion of the iris, it is always proper to return and seek an additional fold, unless the surgeon finds that there is an unexpected softness of the vitreous humor and a tendency to its escape.

In old cases, the practitioner is sometimes embarrassed in his operation by false membranes, which he little anticipates, developed behind the plane of the iris. A case of this kind having fallen under my notice at the clinique of Desmarres, and possessing considerable interest, I shall detail it briefly. The patient had been operated on fourteen years before by Prof. Roux, for cataract by the process of depression, which resulted in intense inflammation, causing the formation of false membranes in the pupil and perfect loss of vision, although a small lacuna existed and the retina could still appreciate the changes of light. The opposite eye, many years previous to this, had been lost in consequence of decided staphyloma of the ciliary bodies. The operation for artificial pupil by excision was performed by Dr. D. in the usual manner, when, after the formation of a perfect pupil, to his great surprise he found a thick, cartilaginous plane, behind, and parallel to the iris. His method in this extreme case was exceedingly decided, and as follows. The pupil being formed, he enlarged the incision in the cornea, and elevated the flap with a fine crochet, whilst at the same time he directed me to puncture the membrane with a fine cataract knife ; seizing one of the lips of the incision, with a pair of fine forceps, he dissected an opening in the false membrane of the same dimensions as the pupil which he had already formed. The piece he thus abstracted was as hard as cartilage. Of course the eye collapsed to a great degree, but a few days sufficed to restore it to its normal condition ; the adhesion of the flap was most favorable. I am unfortunately unable, on account of my early departure after the operation, to say whether the retina, which had been so long imprisoned, has yet completely resumed its functions.

After having tested the vision of the patient, the eye should be gently closed, and the lids kept in contact by means of two or three strips of the ordinary court plaster ; this method enables the surgeon to examine the organ at any moment, always remembering, however, to commence the removal of his strips from the upper lid. If all anterior inflammation has been carefully removed, the after treatment is exceedingly simple, such as the recumbent posture, with the head slightly elevated, in a darkened room, diet, simple saline purgatives, and sometimes a venesection of precaution.

ROBERT KING STONE, M.D.

November 1st, 1846.

A NEW ARTICLE IN THE TREATMENT OF GANGRENE.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I believe it to be a duty which I owe to science and humanity, to communicate to the profession, through your Journal, the result of

some speculations and experiments I have been making in regard to an apparent specific in gangrene.

I have good reason to believe that *Sanguinaria*, given as a decoction, or in tincture, probably the former is to be preferred, will prevent and arrest mortification. That it will do so in cattle I am certain, and I have reason to suppose that its effects upon the human subject would be no less beneficial.

As no surgeon can be expected to carry his love of experiments so far as to allow gangrene to commence for the purpose of arresting it by a new remedy, and as it may be difficult to say absolutely, that mortification would have taken place, where preventive measures have been seasonably prescribed; I cannot declare so positively as might be wished, that *sanguinaria* is a specific for gangrene; but I am so well satisfied of its good effects where a powerful antiseptic remedy has been indicated, that I should not feel justified in withholding my impressions from my professional brethren, nor, if I am not *too sanguine*, the benefits of such a discovery from the public.

Whether given in tincture or decoction, the dose must of course be graduated to the strength of the patient, and so given as not to produce violent nausea or vomiting.

Dr. Mott is the only individual to whom I have communicated the above information.

Very respectfully yours,

New York, Nov. 28, 1846.

H. BOSTWICK, M.D.

INHALATION OF SULPHURIC ETHER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In your last No. I notice a series of remarks in reply to my article in the previous one of Dec. 2d, on the subject above named, by Dr. Henry J. Bigelow—not *Professor Jacob Bigelow, M.D.*, as I find many are led to suppose.

I would commence what I have now to say in the words with which the doctor closes, "I am not ambitious of controversy." I do not think I have either taste or tact for it; and if Dr. B. is satisfied with the "position which he has assumed," I will not endeavor even to divert him from it. I am satisfied with mine. Let us agree to differ.

The doctor is displeased with some points in my article, and "regrets that they should have emanated from so respectable a quarter"—"from a gentleman for whom" he, "in common with others, entertained much respect." It may be that he and I differ here again on the definition of the word *respectable*; for to my mind a man who can be influenced by such unworthy motives as the doctor attributes to me, can have no just claim to respectability.

Your correspondent talks of the *invention* of which he says I am "anxious to take possession." I discover no invention in the case under consideration, for me to take possession of. If he thinks that I refuse to allow to Dr. Jackson and Mr. Morton their right to "their discovery,"

he misunderstands me. There is nothing of the kind in my article. I would only deny the right of discovery to the *latter*; but I do deny the right of *either* to *patent* the *discovery* of an *effect*, whether old or new, of an old and familiar medicine. I most cordially acknowledge *Dr. C. T. Jackson* as the discoverer of the applicability of the ethereal vapor to surgical operations; but here is still only the application of an *old* article to a *new purpose*. I would joyfully award to him all the honor and emolument which should attach to this discovery; and the *patent* also if I could see it to be just.

When *Dr. B.* holds me up as one of those individuals who would unjustly "share the profits," "or the equivalent which the public is returning to the inventors," when he places me among "*ex post facto* inventors," "parasites who settle upon every recent invention of any pecuniary value," I cannot but feel sorry that he has allowed himself to indulge in such personal detractions, and in insinuations which point to nothing which is true. Yet, at the same time, it is a satisfaction to feel assured, that if the young man had but shown his manuscript to his father, or to any of his seniors in our profession, they would have advised him to have made some different use of it, than that of publishing it in the *Boston Medical and Surgical Journal*.

But I was yet more sorry, when, not satisfied with that, he should, in his earnestness to show me up to the public in the light in which he had viewed me, allow his friend "*Doctor*" *Morton* to spread his article all over our city in the *Daily Advertiser*, before the *Medical Journal* was half folded for distribution. I have no remark to make on this procedure.

My views of the discovery in question and the patent, are not altered; they are in the *Journal* and in the newspapers of our city. *Dr. B.* can read them there. If he still thinks I am wrong because I am not satisfied with the manner in which the discovery has been introduced, I have the gratifying evidence that I am not alone, and as proof of this I would point him to an editorial article in the last No. of the *Medical Examiner* of Philadelphia, which I believe is quoted in this No. of the *Journal*.

Dr. B. does not understand my "logical sequences." Good reason for it. After he has drawn together various quotations from my article, he has thrown around them such a cluster of stars ***** that his own mental vision is probably dazzled thereby, or else he has obscured the sense by *his transposition* of my sentences.

Dr. B. is still inclined to insinuate that there are conventional secrets among dentists. I still deny the truth of the charge, and I have written testimonials to support me in this, from more than three times "three of the most eminent," &c., nay from *all* those whose testimony I now desire. And I can assure the doctor that he need not in future seek among dentists or apothecaries to prove that I have falsified my word—I will never deceive him. That which I say, and especially that which I publish, I know to be true. And in his last hold on this point—the subject of secrets concerning the manufacture of mineral teeth, if he will call on me I will put into his hands a printed volume which every dentist can obtain if he wishes, containing an account of all the materials used for

these teeth, and more formulas for compounding them than he can find for making pills in any pharmacopœia in the country.

But I have done. I did not intend to say so much when I began. But I cannot close without adding, that although I have felt *hurt*, and *wronged*, by our young friend's unkind treatment, I have no hard or unworthy feelings towards him on account of it. I do not know him, so as to recognize him if we meet, but should we at any time come together so that I may, I shall most willingly take him by the right hand with all due kindness and consideration.

J. F. FLAGG.

No. 31 Winter street, Boston, Dec. 10, 1846.

INHALATION OF ETHEREAL VAPOR — PAINLESS REDUCTION OF A DISLOCATED SHOULDER JOINT UNDER ITS INFLUENCE.

By S. Parkman, M.D., one of the Surgeons of the Massachusetts General Hospital.

[Communicated for the Boston Medical and Surgical Journal.]

THE attention of the medical profession having been so extensively called to many applications of the discovery of Mr. Morton, the following instance of its employment may not be uninteresting to your readers, as indicating a class of cases in which its use may be of the greatest value.

A stout healthy carpenter applied at the Mass. General Hospital this afternoon, with a dislocation of the left shoulder. The accident happened last evening, from slipping on the side-walk. Ineffectual attempts were made this morning by a practitioner, at first unaided, and afterwards with the assistance of several other persons of fair bodily power, by means of a sheet, &c. In the absence of Dr. Hayward, the Visiting Surgeon of the Hospital, I was sent for to take charge of the case. The dislocation was *sub-coracoid*, presenting the usual appearances. The pullies and counter-extending band being applied in the customary manner, the inhalation was commenced under the superintendence of the house physician, Dr. Bertody, by an apparatus furnished by Mr. Morton to the Hospital. After about two minutes its influence was seen to be established, indicated not so much by any decided apparent insensibility, as by a certain incoherence of manner, unattended, however, by any attempt at resistance or the like; the patient said he "had got enough." Traction was commenced, and after, say a couple of minutes, the head of the bone was felt to move, and at once entered the socket with an audible snap. During this time not a groan escaped the patient, neither was there the slightest resistance felt on the part of the muscles in the vicinity of the joint. The patient's manner continued slightly incoherent for a few moments, but he soon recovered himself, and denied having experienced the slightest pain, though he remembered the sensation of the snapping of the bone into its place. I need not say that having already experienced the pain of previous ineffectual and somewhat prolonged attempts, he expressed himself highly delighted and was profuse in his compliments.

The power exerted by the pullies was very slight, and I feel confident that I could have reduced the bone, unaided by them, with my hands

alone. I am in the habit every year of producing this dislocation, among others, upon the dead subject, for demonstration in the lectures of Dr. Warren, and it is worthy of remark with what ease these factitious dislocations are reduced; in fact it is hardly possible to handle the limb without the head of the bone flying into the socket—showing the muscular power to be the chief, if not sole obstacle in these cases in the living. In the instance above detailed, so utter was the abolition of the muscular power, and so easy was the reduction, that I was strongly reminded of my experiments upon the dead body.

The application of this agent to this class of cases has undoubtedly suggested itself to every one who has seen its employment, and it only remains to apply it to a dislocated hip joint to add another to its triumphs. In cases of dislocations it will probably not only annul pain in the patient, but render unnecessary those violent exertions on the part of the surgeon, which are by no means agreeable to the by-standers to witness, or to himself, on a hot July day, to make.

December 9, 1846.

SEQUEL TO DR. PEIRSON'S OPERATIONS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The operations detailed in your Journal of Dec. 2, as performed under the effects of Dr. Morton's anodyne vapor, were stated to have been attended with no symptoms worthy of note up to the date of my communication. In the course of that week each of the wounds became sloughy, and a small piece of the skin of the flap was lost, in the second case, over the end of the fibula. The wounds soon cleaned off, and no consequences of importance followed, and I should not have thought it necessary to trouble you with a communication on the subject, but for a conscientious desire that all the facts in regard to this important discovery may be announced. As far as I am able to form an opinion, I attribute none of these consequences to the vapor, but believe them to have been accidentally coincident, and not to be expected more than in operations under other circumstances. The healing of the wounds is at present going on in the most perfect manner. In my last communication a blunder in the manuscript made me say "superior fossa of the *clavicle*," which every medical reader will see, means "*scapula*."

Yours with much regard,

Salem, Dec. 7, 1846.

A. L. PEIRSON.

THE BLESSINGS AND BENEFITS OF THE MASS. M. SOCIETY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Permit me, through your very useful Journal, to inquire whether any patent has been obtained for the *modus operandi* of reconciling the principles and avowed objects of the Massachusetts Medical Society, with

the recent practice of some of its leading members. Probably but few country practitioners are acquainted with the process, and we presume they would be willing to pay for the secret, not only because any man, unless he be one of the veriest numskulls in the world, must readily perceive that all future discoveries in medicine, especially if they be important ones, may be patented under the auspices of a part of the members of the M. M. Society, and the secret sold to another part, but also because the inventor must be a man of very surprising genius.

We would suggest that as opium and other narcotic remedies administered for the prevention or relief of pain, whether they be taken into the stomach, injected into the rectum, rubbed upon the skin, or inhaled into the lungs, have no direct tendency to cure disease, except in cases where they prevent the shock of a surgical operation, or save the powers of life from being frittered away by continued agony (in which case it must be agreed on all hands they work even curative effects); and also as vaccination for the prevention of smallpox has no direct tendency to cure disease; and moreover, as the discovery of a remedy for the prevention of phthisis would have no tendency to cure disease; so also it seems naturally to follow that as the reconciling of the aforesaid principles with the aforesaid practice would have no tendency to cure disease, no objection ought to be made against its being patented.

By the way, we would inquire whether as new patents come out for new discoveries in medicine, the country practitioners may take turns with the city practitioners in writing the puffs and paying for the patent.

Finally, we might suggest to the members of the Massachusetts Medical Society the propriety of exercising all due meekness and quietness while the patenting business is going on, and of submitting to everything to which they are obliged to submit.

December 10, 1846.

A MEMBER OF THE MASS. MED. SOCIETY.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON. DECEMBER 16, 1846.

Professor Desmarres, of Paris.—From the warm and hearty expressions of gratitude manifested by all the American medical students who have had the advantage of this eminent man's teaching, it is apparent that he is a rising star in the great theatre of European surgery. Courtesy of manner towards strangers and pupils, in a medical teacher, will do more than gold in laying a foundation for distinction. This gentleman's kindness of manner, and devotedness to the best interests of Americans who visit the medical and surgical institutions of Paris, have secured for him in the United States a great body of personal friends, who will keep in perpetual remembrance his civilities, as well as his untiring efforts to place those who seek his assistance in the very focus of surgical knowledge. We are gratified to be able to make honorable mention of such uniform attentions to our countrymen. —

New England Popular Medicine.—An octavo of 608 pages, having this title, has come to our address, from Providence, R. I. It is essentially a medical dictionary, embracing popular names of diseases, and of articles prescribed as remedies by physicians. If it has any advantages over other works on popular medicine, and we believe it has over most, it should take the precedence of them. One reason which we can readily assign for feeling more respect than is ordinarily manifested for such kinds of books, grows out of the fact that a venerable and respected contributor to the pages of this Journal, David B. Slack, M.D., assisted in the compilation. Nothing that would compromise the dignity of the profession to which he belongs, or mislead the unlearned who may consult the volume bearing his name, would be likely to flow from his pen. George Capron, M.D., of Providence, appears to have been the principal author, and Dr. Slack very modestly appears only in the character of an assistant. Neither animal magnetism, clairvoyance, or the feats of Miss Brackett, the revealer of secrets in the moon and other great subjects some years ago, which made a profound impression on the late Col. Stone, are anywhere chronicled; and the inference, therefore is, that Dr. Capron has no confidence in mesmerism—since, if he had, an excellent opportunity was afforded in his system of popular medicine, for sowing extensively the seeds of his belief. An examination of some of the leading articles, where the authors were obliged to exercise their ingenuity to make themselves clearly understood by persons wholly unacquainted with the ordinary language of medical science, the technicalities of which have necessarily been cautiously avoided, shows that they have succeeded admirably. It is our impression, too, that practitioners may here find much to admire, if they can get over the idea that when a description of diseases or the remedies employed for subduing them, are popularized, they are unworthy of their consideration. All the sciences should, as far as possible, be brought down to the comprehension of the people; the more the mass knows of the value of the true fountain of knowledge, the more implicit will be the confidence of all classes in the acquirements and skill of their medical advisers. We advocate all the available processes for enlightening the most ignorant of mankind—which have in view the one idea of raising them in the moral scale of being, but contend that it should not be attempted by incompetent men.

Macilwain's System of Surgery.—Through the politeness of Dr. E. L. Dudley, of Lexington, Ky., for which he will please accept our acknowledgments, we are possessed of a copy of what those who read will unhesitatingly say is an original work. The title runs thus: "Medicine and Surgery one inductive Science; being an attempt to improve its study and practice or in closer alliance with inductive philosophy, and offering, as first fruits, the law of inflammation; addressed particularly to the medical student and the profession, but easy and intelligible to the public also; the whole being the introduction and first part of a system of surgery. By George Macilwain, &c., London." This author, no doubt, is looked upon as an Ishmaelite, by those who know him in England, whose hand is against every man and every man's against him. He is positively a bold thinker and a fearless writer. He must be unpopular, of course, because there is a lack of moral courage with a vast many of the medical profession, both at home and abroad who have such tremendous organs

of caution that they are exceedingly careful not to commit themselves by an opinion, till they have ascertained which is the popular side of the question. As soon as there is an opportunity, we shall give a special analysis of this curious volume.

Health in Michigan.—A correspondent writes from Pontiac :—

"There are a few cases of smallpox in this vicinity, probably brought here by some of the host of foreign emigrants with which the West swarms. It is now healthy in the West, although there has been more sickness during the past season than I have ever before known. The diseases of this part of Michigan are now changing rapidly, and assuming the character of New England diseases.

I have intended to send you some accounts of medical practice here, but my time has been so much occupied that I could not. At some future day I may say something of the new mineral world lately opened on Lake Superior, which I visited early last summer.

Insensibility during Surgical Operations produced by Inhalation.—

In referring to the new process of inhalation of ether, in the Journal of Nov. 18, we alluded to the future decision of the profession in regard to its real value. We feel bound to make known that decision as far as it reaches us, and as part and parcel of it the following is quoted from the Philadelphia Medical Examiner, edited by Prof Huston.

♦ ♦ ♦ ♦ "Dr. Morton, a practising dentist in Boston, is advertising in the newspapers of this city, that he has secured a *patent* for what he calls 'his improvement, whereby pain may be prevented in dentistical and surgical operations,' and he now offers to sell 'licenses to use said improvement,' to 'dentists, surgeons, and other suitable persons.' Looking upon this as nothing more nor less than a new scheme to tax the pockets of the 'enlightened public,' we should not consider it entitled to the least notice, but that we perceive by the Boston Medical and Surgical Journal, that prominent members of the profession in that city have been caught in its meshes.

"From a paper by Dr. H. J. Bigelow, 'one of the Surgeons of the Massachusetts General Hospital,' contained in the Boston Journal of the 18th November, 1846, we derive the astounding information that Dr. Warren and Dr. Hayward—men at the very top of our profession—have allowed Morton to administer his 'preparation'—'a secret remedy' for which he has taken out a patent—to patients on whom they were about to operate! Dr. Bigelow says, in extenuation of the course pursued by Morton in taking out a patent, that 'it is capable of abuse, and can readily be applied to nefarious ends;' that 'its action is not yet thoroughly understood, and its use should be restricted to responsible persons;' and that one of its greatest fields is the mechanical art of dentistry, many of whose processes are, by convention, secret, or protected by patent rights. It is especially with reference to this art, that the patent has been secured.'

"Now we would like to know of Dr. Bigelow, whether any such restricted object is contained in the patent? None such appears in the proprietor's advertisement, and we apprehend that time will show that the sale is only limited by the price and disposition to purchase.

" Says Dr. B., ' We understand, already, that the proprietor has ceded its use to the Massachusetts General Hospital, and that his intentions are extremely liberal with regard to the medical profession generally.' Not a word of the sort is in the proprietor's advertisement. Did not Swaim give his *panacea* to the poor gratis, and a lot of ground to build a church on to boot? And did not John Williams, the oculist, with a trunk full of seals and royal testimonials, invite all the reverend clergy to come to him, and to bring with them all the poor, blind people of their parishes, that he might cure them without money and without price?

" The '*preparation*' is inhaled from a small, two-necked glass globe, and smells of ether, and is, we have little doubt, an ethereal solution of some narcotic substance. The patient is rendered insensible for a period of from five or ten minutes to an hour; the pupils are dilated; 'very young subjects are affected with nausea and vomiting, and for this reason Dr. M. has refused to administer it to children.' In one case, a patient of Dr. Dix, 'the respiration was very slow, the hands cold, and the patient insensible.' Various active measures were found necessary to restore the patient, and 'complete consciousness returned only at the expiration of an hour.'

" We are persuaded that the surgeons of Philadelphia will not be seduced from the high professional path of duty, into the quagmire of quackery by this will-o'-the-wisp; and if any of our respectable dentists should be tempted to try this new '*patent medicine*,' we advise them to consider how great must be the influence of an agent over the nervous system, to render a person unconscious of pain,—the danger there must necessarily be from such overpowering medication, and that if a fatal result should happen to one of their patients, what would be the effect upon their conscience, their reputation and business, and how the practice would be likely to be viewed by a Philadelphia court and jury? We cannot close these remarks, without again expressing our deep mortification and regret, that the eminent men, who have so long adorned the profession in Boston, should have consented for a moment to set so bad an example to their younger brethren as we conceive them to have done in this instance. If such things are to be sanctioned by the profession, there is little need of reform conventions, or any other efforts to elevate the professional character—physicians and quacks will soon constitute one fraternity."

It may be well to add, that in the last No. of the Medical News and Library, attached to the American Journal of Medical Sciences, edited by Dr. Isaac Hays, and also published in Philadelphia, a large part of Dr. Bigelow's first article is copied, which the editor says he hastens to lay before his readers. But few comments accompany it.

Anatomical Materiel.—This last word now stands in the place of *subject for dissection*, and is likely to become familiar to ears medical, through the extra bulletins of the University School in New York, and the Geneva College in the same great State. This matter was alluded to week before last, since which, the published documents and a communication from Dr. Webster, have been received. Dr. W. is a spirited man, whose energy cannot be put to sleep with mesmeric passes. If he is thoroughly convinced that the University gentlemen have done wrong intentionally, the fur will fly a long while to come. In consequence of having more

communications on hand than can possibly be disposed of for a month, we are obliged to forego the publication of Dr. Webster's paper on the *materiel* case for the present week.

Œdema of the Glottis; Erysipelas propagated to the Mucous Membrane of the Mouth and Larynx; Scrofulous Abscesses in the Neck.—Mr. R. W. Smith presented to the Pathological Society of Dublin a specimen taken from the body of a man, æt. 36, who labored under strumous enlargement of the cervical lymphatic glands; several of the tumors suppurated, and the matter made its exit near the ear: slight febrile symptoms followed, and in a few days erysipelas appeared on the neck and lower part of the face: after a few days more the erysipelas began to fade from the skin, but at the same time spread over the lips and attacked the mucous membrane of the mouth; difficulty of breathing and dysphagia rapidly succeeded; the patient became semi-comatose, and died. Upon examination of the body it was found that the erysipelas had spread to the orifice of the larynx, producing œdema of the glottis; the submucous tissue of the arytenoid region being infiltrated with serum. Mr. Smith also detailed the case of a man, æt. 48, who was admitted with erysipelas of the head and face; upon the seventh day after the reception of a lacerated wound of the scalp the erysipelas spread to the mucous membrane, and the man died suddenly upon the twelfth day. *Post-mortem* examination discovered effusion of serum in the sub-mucous tissue, covering the left arytenoid cartilage; the mucous membrane was elevated in the form of a tense, shining vesicle, which overhung and closed the orifice of the larynx.—*Dublin Quarterly Journal of Medical Sciences.*

Quack Doctors and Medicines.—The Mayor of Lyons has just issued a proclamation that no bills or placards announcing the treatment of any disease by particular individuals, or the sale of any particular medicines, shall be posted on any of the walls of the city, or otherwise exposed to public view; and further that none of the public newspapers shall insert any such announcement in their advertisements or otherwise. A similar ordinance has been issued in Paris and every city in France.—*Jour. de Chem. Méd.*

TO READERS AND CORRESPONDENTS.—An extra sheet of eight pages is sent out with to-day's Journal, which enables us to publish the excellent paper of Dr. Stone, on artificial pupil, which has been on hand some time, and also some portion of the matter which is pouring in respecting the all-engrossing topic of the day. A mass of other deferred papers is still unpublished, but their writers may depend upon the earliest possible attention being given them. There have also been received, communications from Prof. Webster, of Geneva, N. Y.; from Dr. E. D. Mansfield, of S. Reading; Dr. Bugbee, of Michigan; Dr. E. Warren, of Newton; Dr. W. C. Wallace N. York.

DIED.—In Townsend, Mass. of consumption, Dr. John Bertram.—In Penn Yan, Dr. William Cornwell—drowned.—In New York, Dr. M. H. Burrell 37.

Report of Deaths in Boston—for the week ending Dec. 12th, 43.—Males, 20—females, 23.—Stillborn, 3. Of consumption, 7—old age, 2—dropsy, 2—marasmus, 5—typhus fever, 6—intemperance, 1—throat distemper, 1—suicide, 1—teething, 2—jaundice, 1—inflammation of the bowels, 1—infantile, 1—croup, 3—paralysis, 1—dysentery, 2—disease of the heart, 1—chickenpox, 1—pleurisy, 1—accidental, 1—hip disease, 1—liver disease, 1—hemorrhage, 1.

Under 5 years, 14—between 5 and 20 years, 3—between 20 and 40 years, 13—between 40 and 60 years, 7—over 60 years, 6.

Menstrual Function in Apes and Monkeys.—No very precise record is extant of the facts that exist and might be collected to show that a menstrual flux exists in the apes and monkeys, for the same end that it does in our own race, and regulated by the same laws. A few months since, a large female ape was brought to Boston, from the West Coast of Africa, in a condition to excite the curiosity of medical inquirers, who are well convinced, both from what they actually saw, and the relations of the master of the vessel, that the quadrumana, in their own country, menstruate regularly, but not as frequently, it was suggested, as females of the human species. Dr. J. B. S. Jackson, we opine, must have collected some curious physiological observations on this point, having examined the animal the day after its arrival.

Recently, we have gleaned a mass of information illustrative of the sexual developments, propensities and habits, of this family of animals (semia), from an intelligent keeper of a menagerie, which could no where else have been collected. He says that all the female apes, monkeys, baboons, &c. menstruate at regular periods in his establishment. If any of our correspondents could furnish the results of their observations to show how extensively this law operates, and how it is modified when animals from a tropical region are brought to this, they will confer a special favor on professed naturalists, as well as physiologists.

Strength of the Human Skull.—Practical anatomists are eloquent in their osteological comments upon the carpentry of the skull. Who that has listened weeks in succession to lectures on the bones, does not recollect how much is said on the arrangement of the arches in the interior of the cranium, which give it great power of resistance: in short, were the frame-work of the head constructed upon any other principle than the one nature adopted, such are the shocks and blows to which it is constantly exposed, the walls would be frequently broken, and the functions of the brain destroyed. But no lecture room demonstration, however ingeniously illustrated, hypothetically, can compare with the following fact.—“A few days since,” says the Amherst Express, “a son of Mr. Dudley, of Shutesbury, Mass., about five years old, accidentally fell from a cart containing about twelve hundred pounds weight, which passed directly over his head. He received no apparent injury except a slight bruise near the ear, made by the wheel.”

Medical Miscellany.—Dr. Ninian Pinkney has gone out surgeon of the Sloop of War Albany, bound to the Gulf of Mexico.—A board of six Naval Surgeons have decided that the cause of the disease which has been prevalent at the Pensacola Navy Yard, was of local origin.—The cholera is still raging in Mecca and Medina, and report says it has crossed the Red Sea, and is now sweeping off the inhabitants of Egypt. Nearly one hundred deaths occur daily in Bagdad by it.—One Dr. Longshare has been fined in Penn., for a misdemeanor, viz., blocking up the way by the crowd that went to hear him lecture on temperance.—Fifteen hundred troops are believed to have died since opening the campaign on the Rio Grande.—In ten years, Morison, the great English pill manufacturer, paid the Government for stamps, or, in other words, a license to bequack Her Majesty's subjects, the enormous sum of £800,000.